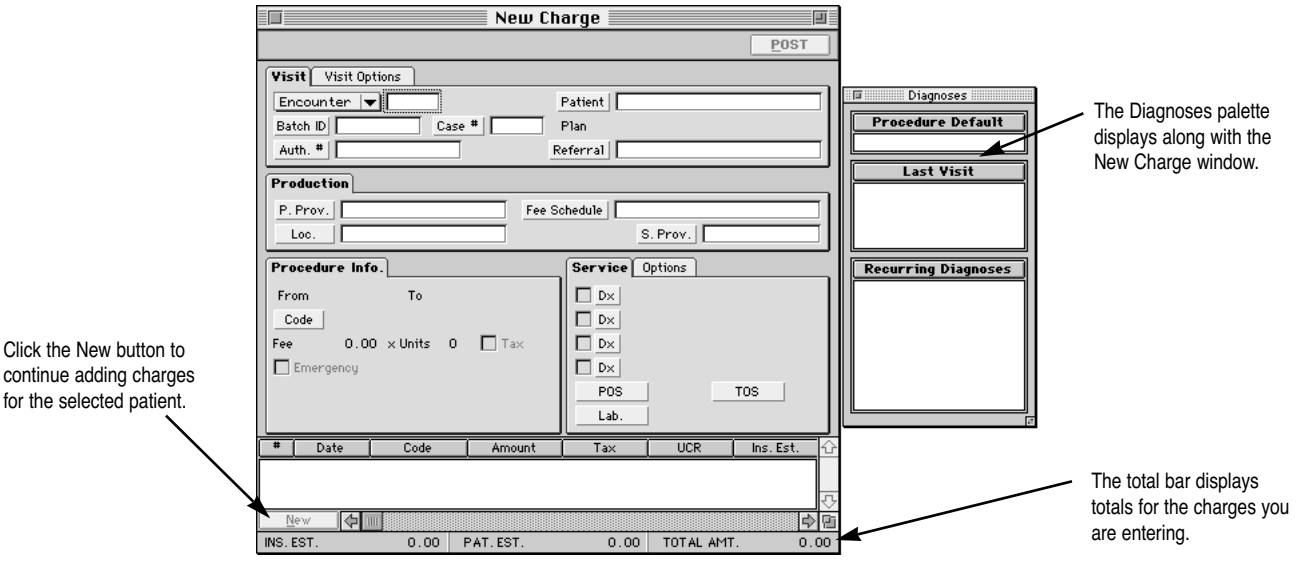
chapter eleven
charges

Choose Billing→New Charge to enter a new charge for a patient. A blank New Charge window displays, where you can select a patient and enter the new charge information. The Diagnoses palette also displays. If a Patient Summary or Patient window is the active window when you choose Billing→New Charge, or if a patient's name is highlighted in the Day View, the New Charge window opens with the patient's information already filled in the fields. The patient's default diagnoses and any diagnoses associated with the patient's last visit are listed on the Diagnoses palette.

You can also create a new charge for a patient by dragging the patient's name from the Patient Search onto the New Charge icon on the tool bar.



Click the New button in the lower-left corner of the New Charge window to add additional charges for the patient. Each new charge appears in the list at the bottom of the New Charge window and you can add as many as you want.

chapter eleven

At the bottom of the New Charge window is the total bar, which displays totals for the charges you are entering. As you create new charges for a patient, the total amount of all charges being created is displayed in the Total Amt. field. Estimations of the patient's responsibility and the insurance company's responsibility appear in the Ins. Est. and Pat. Est. fields to the left of the Total Amount field, if the IBES (Insurance Benefit Estimation System) has been set up for the patient's insurance plan. For more information on setting up IBES, refer to Chapter Seven, "Insurance Plan Records."

The Visit and Visit Options tabs at the top of the New Charge window allow you to track various information regarding the patient's visit to your office.

entering new charges

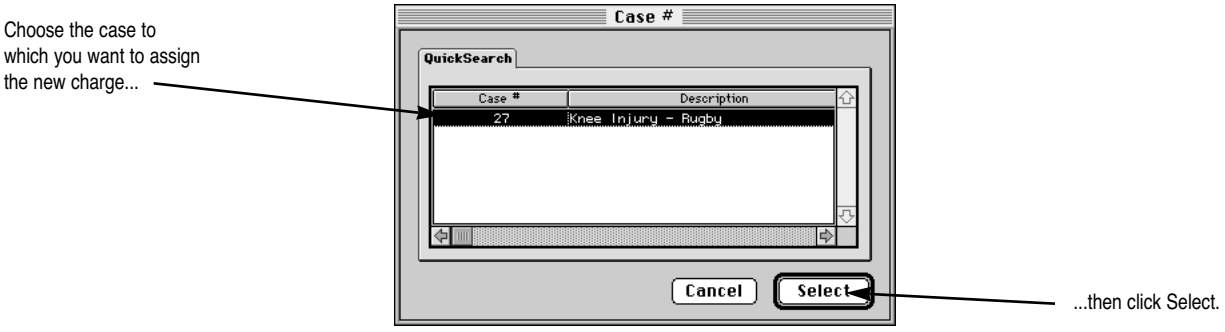
Entering Patient Information
The first step in entering a new charge is to choose the patient for whom the charge will be posted.

If the patient wasn't automatically entered when you opened the New Charge window, select Encounter, Patient ID, or SSN from the pop-up menu in the upper-left corner of the Visit tab and enter the appropriate number in the field to the right. MediMAX finds this number in its database and automatically enters the remaining patient information in the Visit tab's fields.

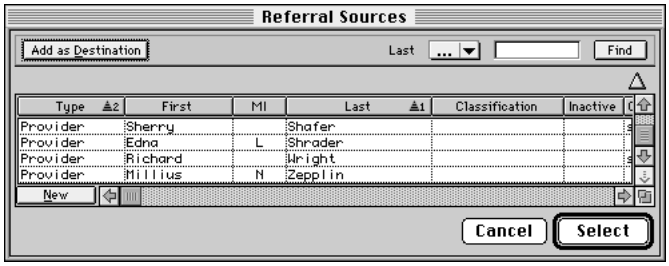
If you don't know the patient's ID, Encounter, or Social Security numbers, click the Patient lookup to display the Patient Search and select a patient. Upon selecting a patient, the patient's default diagnoses and any diagnoses associated with the patient's last visit are listed on the Diagnoses palette.

Click the Auth # lookup to display the Authorization Numbers dialog box with a list of all Authorization Numbers for the patient. For more information on insurance authorization, refer to Chapter Seven, "Insurance Plan Records" and Chapter Ten, "Authorization Manager."

Click the Case lookup to enter the charge as part of a case. The Cases dialog box displays a list of the names and numbers of all active cases for the patient. You can not set up a new case from the New Charge window. For information on setting up cases, refer to Chapter Five, "Patient Records."

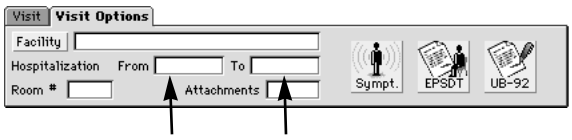


If the patient was referred to you, click the Referral lookup to display the Referral Sources reference where you can select a referral source from your database.



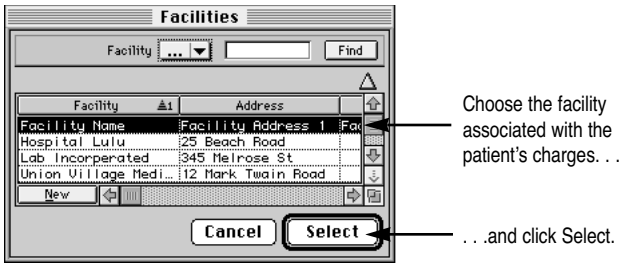
The referral source automatically fills in the Referral field if the patient was assigned a default referral source in the patient's Referral view. For more information on assigning a default referral source, refer to chapter Five, "Patient Records."

Click the Visit Options tab to enter additional information regarding the patient's visit that may be necessary to print on a claim.



Enter the term of hospitalization in the From and To fields.

If the patient's charges are associated with a hospital admission or other facility, click the Facility lookup to display the Facilities reference and select the name of the facility from your list.

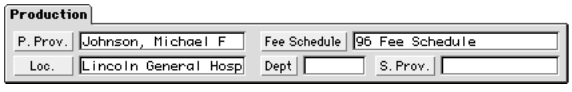


Enter the date of admittance in the From field and the date of discharge in the To field. In the Room # field, enter the room number where the patient stayed.

The Visit Options tab contains other more advanced features that are discussed later in this chapter. Read the section titled "Using Additional New Charge Features" at the end of this chapter for a discussion of these features.

Entering Production Information

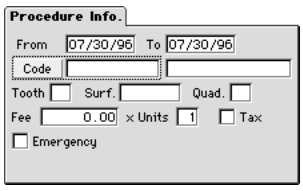
The Production tab displays the name of the provider performing the procedure, the fee schedule associated with the new charge, the location, department, and supervising provider. Some of this information automatically displays according to the default settings you've specified on your computer.



If you have set up production aliases in the Production Alias reference, you can enter the appropriate alias in the P. Prov field. Information in the Loc., Dept., and S.Prov. fields automatically fills in according to the alias you select. For more information on using production aliases, refer to Chapter Four, "References."

chapter eleven

Entering Procedure Information



In the Procedure Info tab, enter the date or date range of the procedure in the From and To fields. Today's date automatically fills in these fields.

Click the Code lookup to display the Procedure Codes reference and select the procedure code for the new charge, or simply type the appropriate code in the Code field. The fee amount for the selected procedure automatically defaults in the Fee field.

If you have assigned a default diagnosis to the procedure, the diagnosis code and description appear here.

If you have associated a diagnosis with the procedure in the Master Procedures reference, it is automatically listed in the Diagnoses palette when you select the code.

If the selected procedure is specified as a lab procedure in the Code Options checklist of the Master Procedures reference, the default lab specified in the fee schedule automatically displays in the Lab field of the Service tab. If no default lab has been set, the cursor automatically moves to the Lab field for you to enter a lab for this procedure. For more information on assigning a default lab to a procedure, read about the Fee Schedules reference in Chapter Four, "References."

If the procedure is specified as a Durable Medical Equipment (DME), Blood, or Anesthesia procedure in the Code Options checklist of the Master Procedures reference, MediMAX automatically displays the respective dialog box for you to enter the appropriate DME, Blood, or Anesthesia information for the procedure. For information on entering this information, refer to the section titled "Using Additional New Charge Features" at the end of this chapter.

If the procedure is specified as an immunization procedure, MediMAX automatically writes an immunization record for the patient, which appears in the Medical Information view of the Patient window. The immunization record contains the immunization code, office, description, and date.

If you have set up SuperCodes in the SuperCodes reference, you can enter a SuperCode in the Code field. Entering a SuperCode in the Code field is a way to input several charges for the patient at once. All procedures that are part of the SuperCode must also be contained in the fee schedule you have selected in the Production tab. If you select a SuperCode that includes procedures not contained in the selected fee schedule, the procedures will not be charged to the patient.

Note: To save time, if you're entering several charges at once, such as with a SuperCode, and the charges all require the same diagnosis code, select the diagnosis code before selecting the SuperCode or procedure codes for the charge.

Enter the tooth number, surface, and quadrant in the Tooth, Surf., and Quad. fields, if applicable. These fields may not be visible if you've turned them off in the General Options preference.

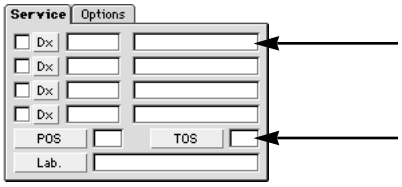
Enter the number of units for the procedure in the Units field. For example, if you administered stitches on a patient and you charge on a per-stitch basis, enter the number of stitches you administered in this field.

Select the Tax checkbox if the procedure is taxable. This checkbox is automatically checked if the procedure has been specified as taxable in the Code Options checklist of the Master Procedures reference.

Select the Emergency checkbox if this is an emergency procedure. If the patient's insurance plan waives the deductible in emergency situations, the IBES calculates as if the deductible has been met. For information on setting up an insurance plan to waive the deductible for emergency procedures, refer to Chapter Seven, "Insurance Plan Records."

The Total Fee field displays the total fee for the current charge including tax and is not editable.

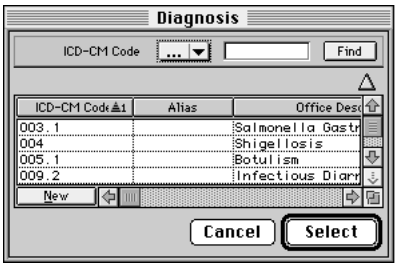
Click the Service tab to enter the diagnosis codes for the new charge.



Use the Service tab to enter the diagnoses associated with the charge. . .

. . . and to enter the Place of Service, Type of Service, and Lab information.

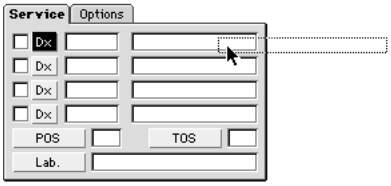
If the selected procedure has diagnosis codes associated with it, these codes automatically appear in the Diagnoses Palette. You can add to the diagnoses associated with the new charge, if you wish, by clicking any of the Dx lookups and selecting the desired code from the list.



Click a Dx lookup to display the Diagnosis reference. Choose the appropriate diagnosis from the list and click Select.

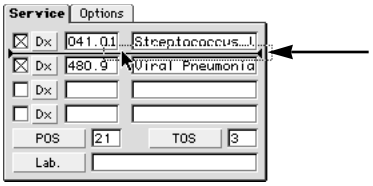
The Diagnoses Palette makes it easy for you to enter diagnosis codes for a new charge. Simply drag the desired diagnosis from the palette onto the appropriate Dx field in the Service tab.

Simply drag a diagnosis from the palette onto one of the Dx fields in the Service tab.



Select the checkbox to the left of each diagnosis to indicate that it should print on the patient's insurance form. The top-most checked diagnosis code in the Service tab is always considered the primary diagnosis. You can change the order of the diagnoses in the Service tab by dragging a diagnosis from one field onto the field you want to move it to.

To insert a diagnosis between two adjacent diagnoses on the Service tab, drag the diagnosis from the Diagnoses palette to the area dividing the two Dx fields. When a black bar appears, release the mouse button.



To insert a diagnosis, drag the diagnosis to the area dividing the two Dx fields. A black bar indicates where the diagnosis will be inserted.

The Service tab also tracks other information relating to the procedure. Since this information is stored in the Master Procedures reference, the POS (Place of Service), TOS (Type of Service) and Lab information automatically fill in when you choose a procedure code for the new charge if you've specified the information in the fee schedule. You may edit the information in the Service tab or enter additional information, if desired.

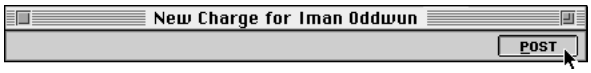
The Options tab consists of six buttons that allow you to enter optional information for the patient's new charge. These advanced features are discussed in the section titled "Using Additional New Charge Features" at the end of this chapter.

chapter eleven

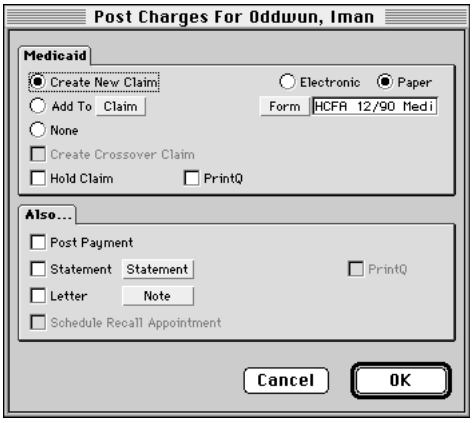
posting a new charge

Once you have entered all the necessary information for the new charge or new charges, you are ready to post the new charge to your database.

If you attempt to post a charge for a procedure that has been flagged as invalid in the Master Procedures reference, a dialog box displays informing you that the code is invalid and listing up to three alternate code suggestions. Select a suggested code and click OK. For more information on flagging a procedure code as invalid and specifying code suggestions, read about the Master Procedures reference in Chapter Four, "References."



To begin posting a charge, click the Post button on the action bar.



The Post Charges dialog box displays.

Posting a Charge for Patients With Insurance
If the patient to whom you are posting the charge has insurance, the Post Charges dialog box displays with two tabs: the Primary Insurance tab and the Also tab. The name of the patient's primary insurance plan displays at the top of the Primary Insurance tab. If you aren't ready to post the new charge yet, click Cancel to close the dialog box and return to the New Charge window.

In the Post Charges dialog box you can select to print a statement and letter. You can also create a new claim or add to an existing claim. When you have made the selection you desire, click OK. The dialog box closes and the transaction is posted to the ledger.

If you want to post the new charge and create a new claim, select the Create New Claim radio button in the Primary Insurance tab. If you want to add to an existing claim for the patient, select the Add to Claim radio button and select the claim number of the claim you want to add to with the Claim lookup. A dialog box displays a list of claim numbers with a status of "On Hold" for the patient. If you are creating a new claim, the Claim lookup is inactive since a new claim number will be created.

Choose the Electronic or Paper radio button, depending on which method you use to submit claims. If the patient's primary insurance plan is not set up for electronic claims filing, paper is the only available submission method.
If you choose to submit a paper claim, the insurance plan's default form displays in the Form field. Click the Form lookup to select a different form to print, if desired. The name of the form you select appears in the Form field. Click the PrintQ checkbox if you want to send the form to the PrintQ for printing later.

If you choose to file an electronic claim, the insurance plan's default eclaim template displays in the Template field.

Click the Hold Claim checkbox if you want the claim held so more charges can be added to it later.

In the Also tab, click the Post Payment checkbox if you want to post a payment at the time of posting the charge. When you post the charge, the Payment Distribution dialog box displays for you to enter the payment.

If you want to print a statement and letter, click the Statement and Letter checkboxes in the Also tab. You can choose any combination of items to print. For example, you might choose to print a letter but not a statement. Click the PrintQ checkbox to the right of the Statement field if you want to send the statement to the PrintQ for printing later.

Click the Schedule Recall Appointment checkbox if you want to schedule a recall appointment for the patient upon posting the charge. This checkbox is only available if the procedure you post has a recall cycle assigned to it in the Master Procedures reference. When you post the charge, the Appointment Book opens to the date the next appointment should be scheduled according to the specified recall cycle. For more information on setting up recall cycles, refer to Chapter Four, "References." The Schedule Recall Appointment checkbox is only available if you purchased Scheduling.

The patient's current recall cycles are listed below the Also tab. Place a checkmark next to any recall cycles satisfied by the charges you're posting. If you purchased Scheduling, recall cycles flagged on the Appointment Card are automatically checked in this list when you post the appointment's charges. To place a checkmark next to a listed recall cycle or to remove a checkmark, click the listed recall cycle once.

When you have set the claim submission specifications in the Primary Insurance tab and selected the items you want to print in the Also tab, click OK.

The Post Charges dialog box closes and the charges are posted to your database. The Print dialog box displays for any items you have selected to print. Other items are sent to the PrintQ for printing later. Then the Payment Distribution dialog box displays if you have chosen to enter a payment. Finally, the Appointment Book displays if you have chosen to schedule a recall appointment.

Posting a Charge for a Patient With No Insurance

If the patient to whom you are posting the charge has no insurance, the Post Charges dialog box displays with two tabs: the Primary Insurance tab and the Also tab. The items in the Primary Insurance tab are inactive, since they do not apply to uninsured patients. If you aren't ready to post the new charge yet, click Cancel to close the dialog box and return to the New Charge window.

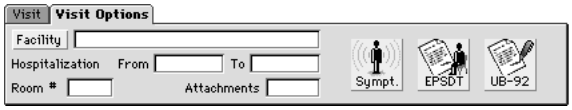
Specify the options available to you in the Also tab just like you would for a patient who is insured. When you're ready to post the charge, click OK.

The Post Charges dialog box closes and the charges are posted to your database. The Print dialog box displays for any items you have selected to print. Other items are sent to the PrintQ for printing later. Then the Payment Distribution dialog box displays if you have chosen to enter a payment. Finally, the Appointment Book displays if you have chosen to schedule a recall appointment.

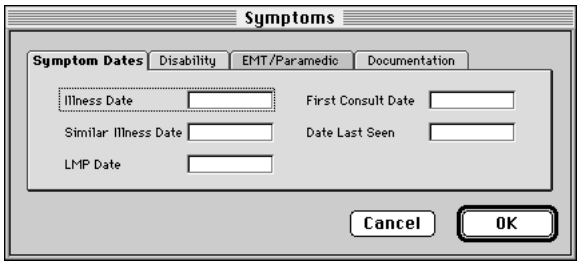
chapter eleven

using additional new charge features

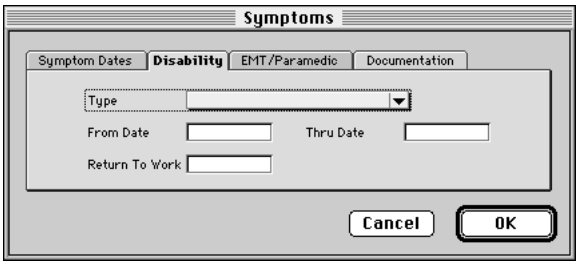
Click the Visit Options tab to enter information regarding the patient's visit. This information may be required to print on the patient's insurance form, depending on the type of insurance the patient has.



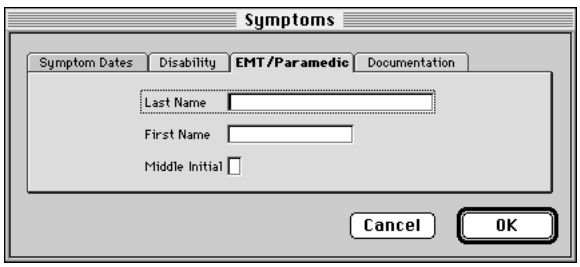
Click the Sympt. button to enter symptom information to be associated with this new charge. The Symptoms dialog box displays containing four tabs for tracking symptom information. In the Symptom Dates tab enter the dates of the patient's illness, first consultation, similar illness, last visit, and LMP (Last Menstrual Period). If the charge is associated with a case, the symptom information may be entered in the case and will automatically appear in the Symptoms dialog box. For more information on cases, refer to Chapter Five, "Patient Records."



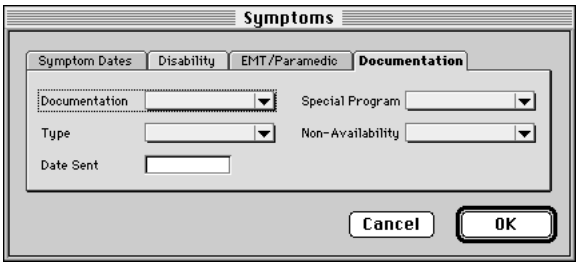
In the Disability tab enter the patient's disability information, if any, such as the type of disability and date the patient may return to work. If disability information was entered in a case for this patient, it will automatically appear in the Disability tab.



In the EMT/Paramedic tab enter the name of the Emergency Medical Technician or Paramedic who treated the patient, if applicable.

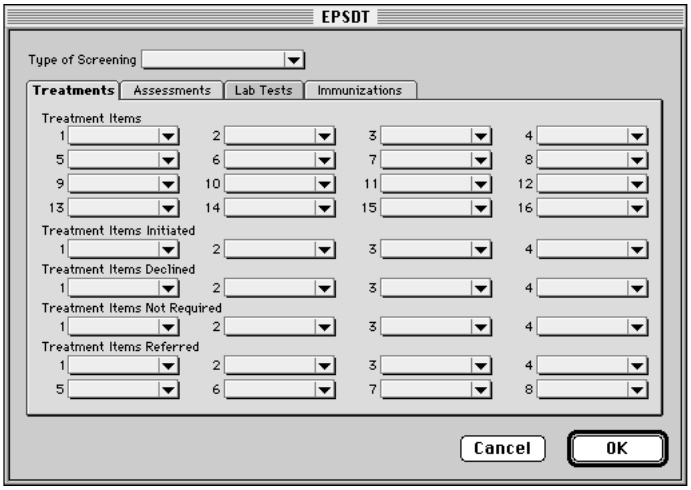


In the Documentation tab, enter any documentation that has been done for this patient.



When you have finished entering all the necessary symptom information for this patient, click OK to save the information and close the Symptoms dialog box.

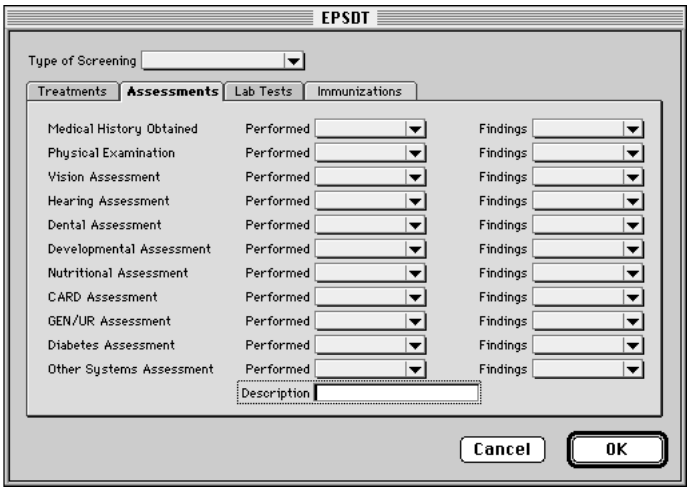
Click the EPSDT button to enter Early Periodic Screening Diagnostic Testing (EPSDT) information to be associated with this new charge. The EPSDT dialog box displays.



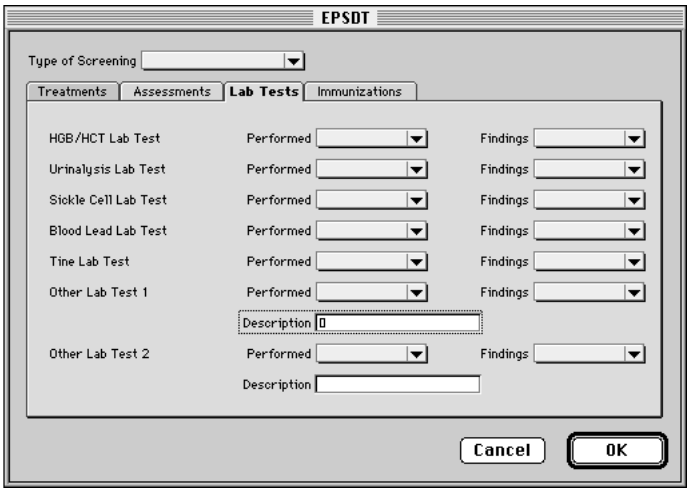
In the Type of Screening pop-up menu select either Initial, Periodic, or Follow-up, depending on the type of screening that is administered.

In the Treatments tab you can track the treatments associated with this procedure, as well as treatment items initiated, declined, not required, and referred to another facility or provider.

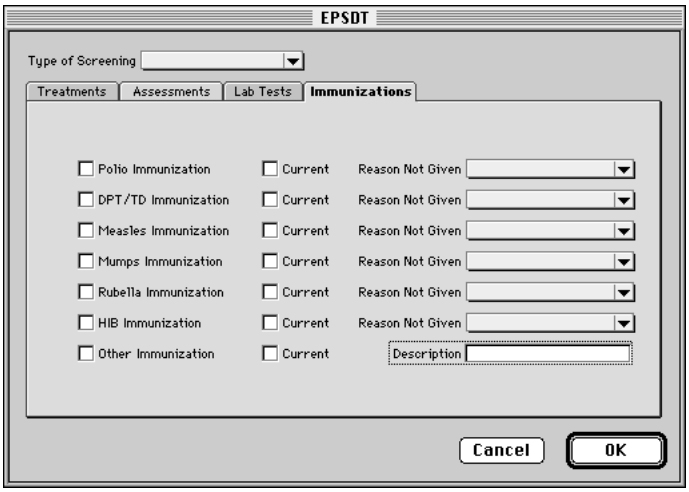
Click the Assessments tab to track various assessments performed for the patient, such as physical exams, vision and hearing tests, and diabetes tests. If a test was done other than those listed, enter a short description of the assessment in the Description field.



Click the Lab Tests tab to record any lab tests that have been performed, and the results.

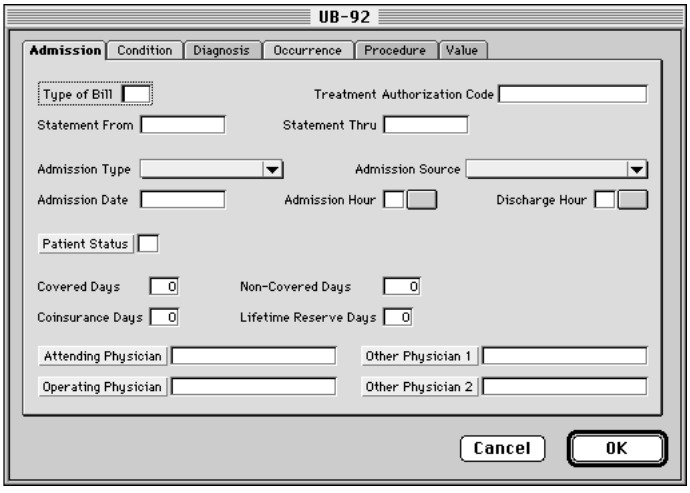


Click the Immunizations tab to record the patient's immunization history. For example, if the patient has had a polio shot, click the Polio Immunization checkbox and the Current checkbox if the immunization is current. If the patient has not had a polio shot, click the Reason Not Given pop-up menu to enter the reason the immunization was not performed, if any.



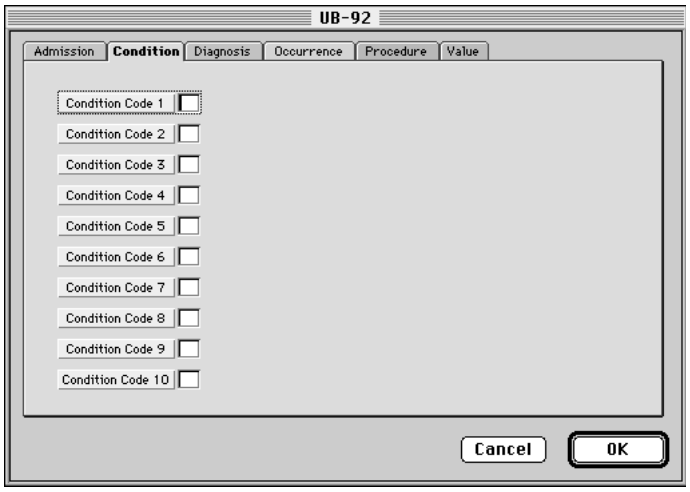
When you have finished entering all desired EPSDT information to be associated with this new charge, click OK to save the information and close the EPSDT dialog box. Click Cancel to close the dialog box without saving changes.

Click the UB-92 button to display the UB-92 dialog box. If you have a rural office with patients who utilize Medicare, you'll find the UB-92 dialog box useful for storing the information required on the patients' UB-92 form.

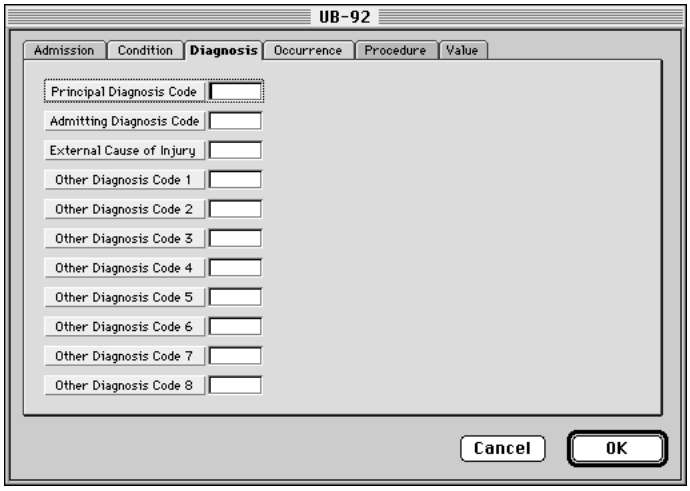


In the Admission tab enter the admission information for this patient. Enter the type of bill in the Type of Bill field. Enter other admission information, such as admission type, source, and date, patient status, and names of physicians associated with the patient's admission.

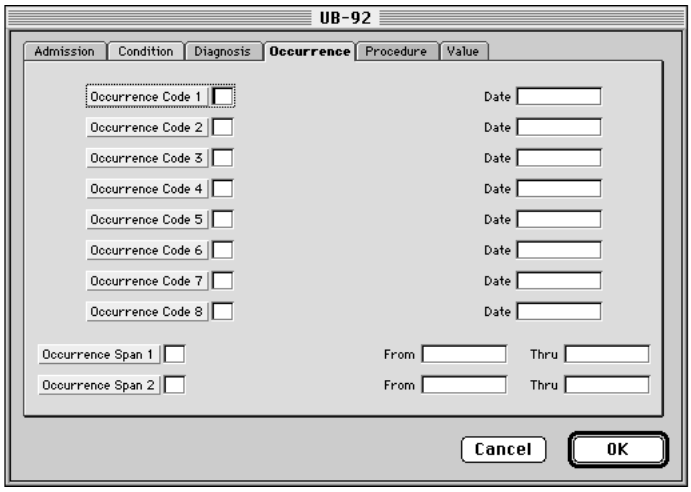
In the Condition tab you can enter information related to the patient's condition. Click the Condition Code 1 lookup to enter a condition in the first Condition field. The UB-92 Condition Codes reference displays for you to select a condition from the list.



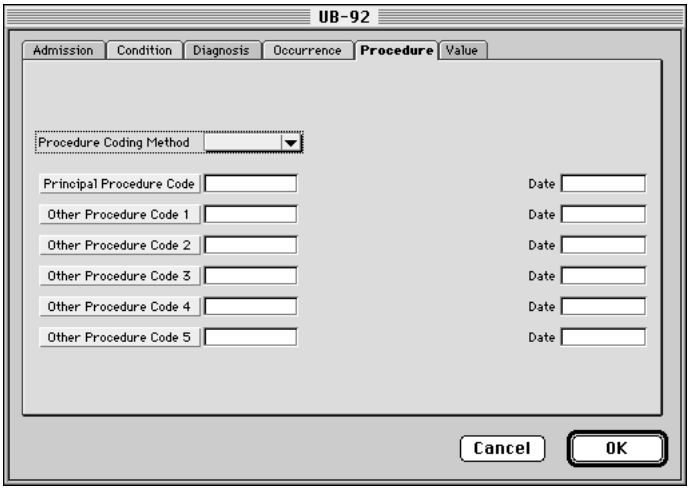
Click the Diagnosis tab to record diagnosis codes to be printed on the UB-92 form. Clicking any of the lookups displays the Diagnosis reference for you to select from your list of diagnosis codes.



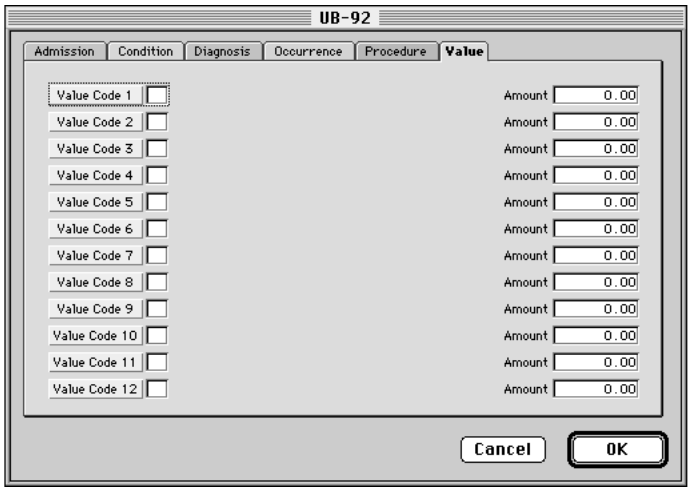
The Occurrence tab helps you keep track of the patient's recurring or chronic conditions. You can also track the dates of each occurrence and the date ranges of each occurrence span.



In the Procedure tab, enter the procedure codes associated with this charge to be printed on the UB-92 form. Click the Procedure Coding Method pop-up menu to select either CPT-4 or ICD-9-CM, depending on the coding method you use.

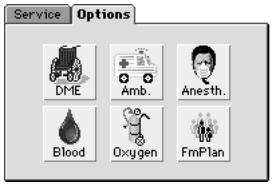


Click the Value tab to record up to twelve value codes for this charge. Clicking any of the Value Code lookups displays the UB-92 Value Codes Reference where you can select value codes from your list. The amounts automatically default in the Amount fields if the amounts have been entered in the Value Codes Reference.

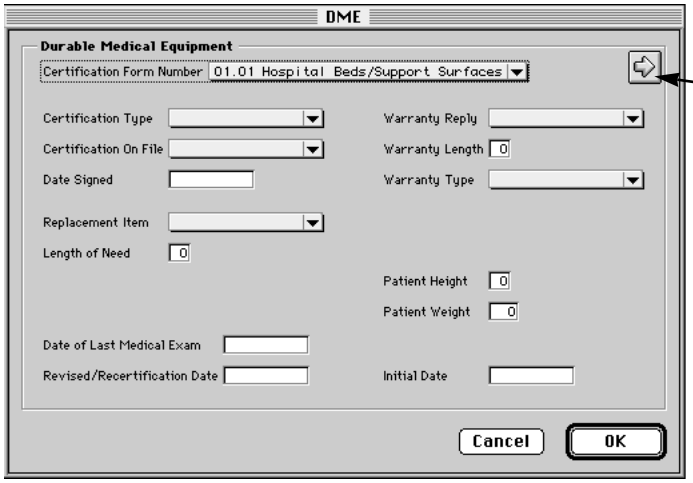


When you've finished entering all pertinent UB-92 information for this new charge, close the UB-92 dialog box and click OK to save the information. Click Cancel if you want to close the dialog box without saving the information.

The Options tab in the New Charge window consists of six buttons that allow you to enter optional information for the patient's new charge.

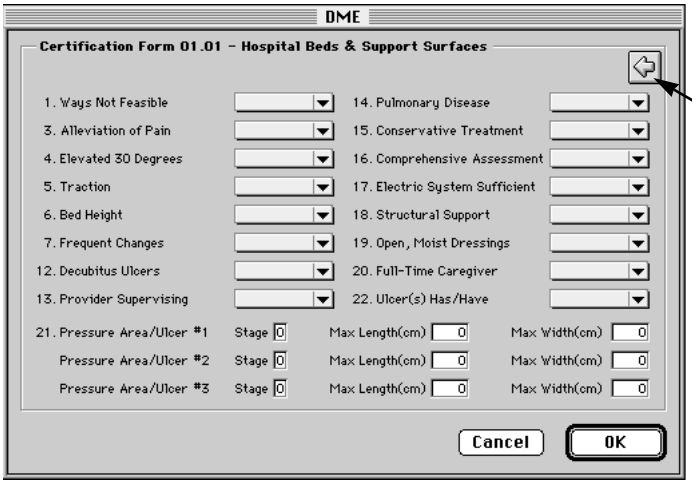


Click the DME button to enter information regarding any durable medical equipment you may be providing for the patient. This information is required if the DME checkbox has been selected for the procedure in the Master Procedures reference.



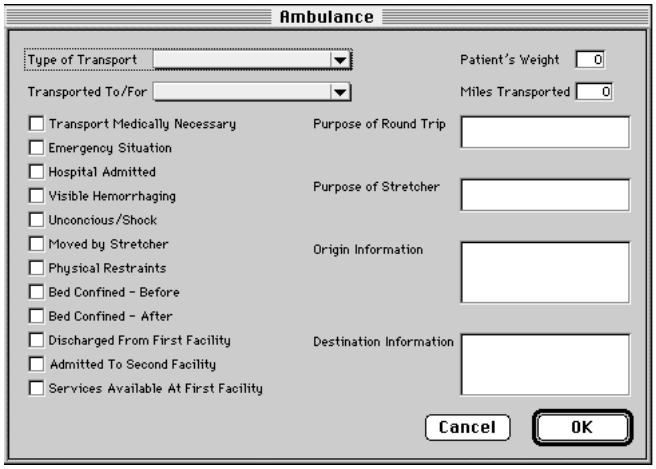
Click the right-pointing arrow to enter more DME information.

Click the right-pointing arrow in the upper-right corner of the DME dialog box to enter further DME information.



When you have finished entering this information, click OK to save the information. The DME dialog box closes, returning you to the New Charge window. For information on specifying that a procedure require DME information, refer to Chapter Four, "References."

Click the Amb. button to enter any information regarding the patient's transportation in an ambulance. When you have finished entering this information, click OK to save the information. The Ambulance dialog box closes, returning you to the New Charge window.

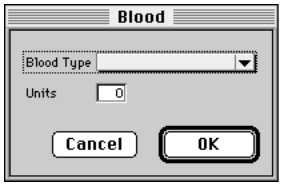


Click the Anesth. button to enter any information regarding the anesthesia this patient requires when undergoing the procedure. This information is mandatory if you have set up the procedure to require anesthesia information in the Master Procedures reference.

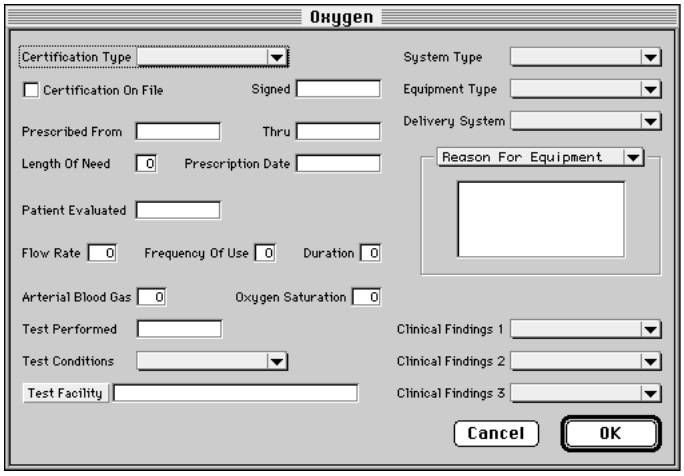
The Anesthesia dialog box displays. Select either Anesthesia or Oxygen from the pop-up menu and enter a time frame in the start and stop fields. If you've set up a unit calculation in the Insurance Plan record, the units are automatically calculated based on the start and stop time you enter and the number of units appear in the Units field of the Procedure Info tab.

When you have finished entering anesthesia information, click OK to save the information. The Anesthesia dialog box closes, returning you to the New Charge window. For more information on requiring anesthesia information for a procedure, refer to Chapter Four, "References." For more information on calculating units automatically, refer to Chapter Seven, "Insurance Plan Records."

Click the Blood button to record the patient's blood information, including blood type and number of units required. When you have finished entering this information, click OK to save the information. The Blood dialog box closes, returning you to the New Charge window.

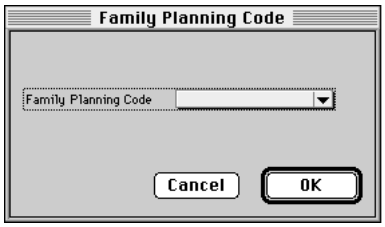


Click the Oxygen button to record any information regarding oxygen the patient needs. In the panel on the right side of the Oxygen dialog box, you can enter comments relating to the reason for equipment, special orders, test results, additional medical findings, and exercise routines.



When you have finished entering the oxygen information, click OK to save the information. The Oxygen dialog box closes, returning you to the New Charge window.

Click the Family Planning button to display the Family Planning Code dialog box. The Family Planning Code pop-up menu is blank, and you can leave it blank if you wish.



Click the pop-up menu to select the Family Planning Code, which will print in Box 24H of the HCFA 12/90 form.

Choose Customize if you want to edit or add to the choices in the pop-up menu. The EPSDT Family Planning dialog box displays.

When you have finished customizing the items that appear in the Family Planning Code pop-up menu, click OK to close the dialog box and save your changes. For more information on customizing pop-up menu items, refer to Chapter One, "MediMAX Basics."

chapter eleven

batch charges

The Batch Charges feature provides you with a way of posting many charges at once. In large offices and offices with a busy computer network, posting a charge can consume valuable time that could otherwise be spent performing other necessary tasks. With the Batch Charges feature, your office can set aside the posting of charges until the end of the day when office and computer activity is minimal. When posting charges in a batch, you also have the chance to double-check the charges being posted. If you notice that a mistake was made when entering a charge, you can correct the mistake before the charge is actually posted to a patient's record.

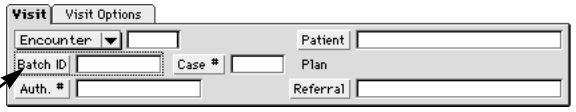
Using Batch ID Numbers

Any charges to be posted in a batch must be assigned a batch ID number. Batch ID numbers give you a way of grouping charges in a batch, or in several separate batches, for posting at a later time. Batch ID numbers are user-definable. Once a batch is posted, the Batch ID is deleted.

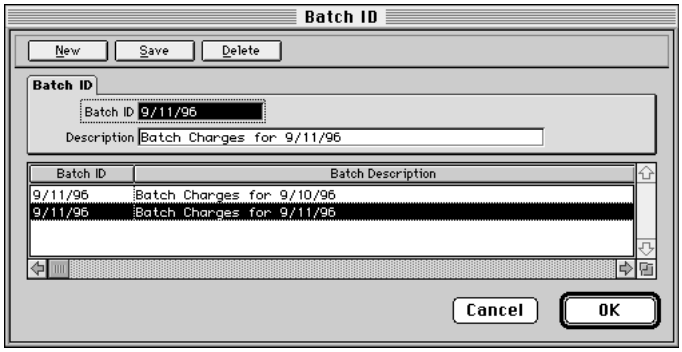
How you assign batch ID numbers to charges is entirely up to you. Your office might assign batch ID numbers by date to keep each day's batch charges separate. Or you might assign each computer user in your office a unique batch ID number to keep track of the charges posted by each user. Then again, you might just use one batch ID number for all the charges you assign for batch posting.

Assigning a Charge to a Batch

When entering a new charge in the New Charge window, enter the appropriate batch ID number in the Batch ID field, or click the Batch ID lookup to display a list of batch ID numbers used in your office.



Click the Batch ID lookup to display the Batch ID dialog box. Choose or create the batch ID number to which you will assign the charge.



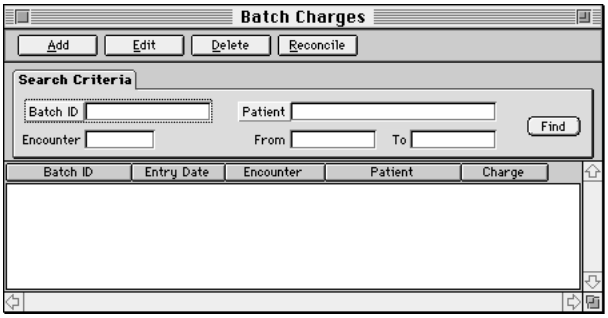
In the Batch ID dialog box, you can add or delete batch ID numbers to suit your needs. Select the batch ID number you wish to use from the list, or create a new one. Then click OK.

With all the correct information entered for the new charge and the appropriate batch ID number entered in the Batch ID field, click the Post button on the action bar of the New Charge window. The Post Charges dialog box displays.

Enter the posting options for the charge and click OK. The charge is added to the batch and is listed in the Batch Charges window until the batch is posted.

Posting a Batch of Charges

Choose Billing→Batch Charges to display the Batch Charges window.



With the Search Criteria tab at the top of the Batch Charges window, you can perform a search for the charges associated with specific batches that you've created. To search for a batch, simply enter its ID number in the Batch ID field or click the Batch ID lookup to select the ID number from the list. Click the Find button and the charges whose batch ID number match the ID number entered in the Batch ID field appear in the list.

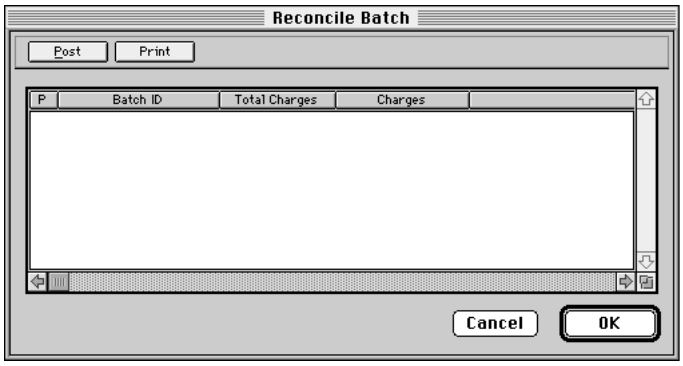
You can also base a search on other criteria, such as patient name and encounter number. You can even search for charges entered within a specific date range. The items that match your search criteria are listed.

Click the Add button on the action bar to add a charge to the batch. The New Charge window displays. Enter the appropriate batch ID number and other information for the charge.

Highlight a charge listed in the Batch Charges window and click the Edit button to edit the charge before posting.

Highlight a charge in the list and click the Delete button to remove the charge from the batch.

When you are ready to post the batch of charges, click the Reconcile button on the action bar. The Reconcile Batch dialog box displays.



Any unposted batches are listed. Highlight a batch item in the list and click the Print button to print the Batch Charges report, which provides you with a detailed list of the charges included in the batch.

Click the "P" column on the left side of the list for each batch item you wish to post. Only batch items with a checkmark in the "P" column will be posted. Click the Post button. All charges assigned to the selected batches are posted to your database.